A. Demographic		EDN TB Follo	ow-Up Wo	rksheet		Last reviewed: 6/21/2013					
A1. Name (Last, First, Middle):		A2. Alien #:		A3. V	/isa type:	A4. Initial U.S	. entry date:				
,											
A5. Age:	A6. Gender:	A7. DOB:		A8. TB Class:							
A9.Country of examination:					A10.Country of birth:						
A11a. Address:			ļ,	A12. a. Sponsor agency name:							
A11b. Phone:				b. Phone(s):							
A11c. Other:	A11c. Other:				c. Address:						
B. Jurisdictional Information											
B1. Arrival jurisdi				B2. Curr	rent jurisdiction:						
	U.S. medical evaluation:										
	toux Tuberculin Skin Tes	//_			Interferon-Gam	ma Poloaso Asi	say (IGPA)				
			nown (Interferon-Gamma Release Assay (IGRA)							
				C3a. Was IGRA administered? Yes No Unknown (Market Schemer C3b. Date collected:/_/ Date							
/f YES, C2b. T3	ST placement date:/				_	// QuantiFERON	_ Date unknown				
00 T	Placement dat			C	C3c. IGRA brand:						
C2c. TST mm: Unknown				-		Other (specify)	_				
C2d. 1	C2d. TST interpretation:				C3d. Result: Pos						
	Unknown				Inva		wn				
C2e. History of P	Previous Positive TST			C3e. Histo	ory of previous positiv						
U.S Revi	iew of Pre-Immigration C	XR		U	.S. Domestic CXR		Comparison				
C4. Pre-immigra	tion CXR available?		C7. U.S.	domestic	CXR done?		C11. U.S. domestic CXR comparison to				
Yes No Not Verifiable			Yes No Unknown				pre-immigration CXR:				
C5. U.S. interpr	C5. U.S. interpretation of pre-immigration CXR:			C8. Date	e of U.S. CXR:/_	/	Stable				
Normal	Normal			pretation	of U.S. CXR:		Worsening				
Abnormal	Abnormal (must select one below):			mal							
	Not consistent with active TB			ormal (m	ust select one below):					
Non-cavitary, consistent with TB			Not consistent with active TB								
Cavitary, consistent with TB				=	avitary, consistent wi						
Poor Quality				 Cavita	ry, consistent with TE	3					
Unknown				 known							
C6. Other pre-immigration CXR abnormalities:				C10. U.S. domestic CXR abnormalities:							
Volume loss I Infiltrate Granuloma(ta)			Volui	Volume loss Infiltrate Granuloma(ta)							
Adenopathy	Other (specify)		∐ ∏Aden	opathy	Other (specify)						
U.S. Review of Pre	-Immigration Treatment										
	d treatment pre-immigration	n? Yes	No	C13.	Arrived on treatmen	t?					
If YES . Treated for TB disease Treated for LTBI					Yes No Ur	nknown					
C12b. Treatment start date:// Start date unknown / <i>If YES</i> , TB disease LTBI											
C12c. Treatment end date:// End date unknown C13a. Start date:// Start date unknown											
C12d. Treatment reported by: C12d. Treatment reported by: C14: Pre-Immigration treatment concerns?											
	Patient reported treatment completion <u>at</u> or <u>before</u> panel physician examination					If YES,					
	o #6 -1	Treatment duration too short									
Both-documented on DS forms & patient rep			orted								
		oo odesisistas	10		Other, please s						
Yes	No Unable to verify										

Alien # EDN		EDN TB Follo	EDN TB Follow-Up Worksheet (Cont)				Last reviewed: 6/21/2013				
C15. U.S. Microscopy/Bacteriology*		Sputa collected i		.S.? Yes		No *Covers all results regardless of sputa collection method.			a collection method.		
# Date Collected AFB Smear			near	Sputum Cu			ure Drug Susceptibility			ptibility Testing	
1	//	Positive	Negative		NTM MTB Complex Contaminated Negative Not Done Unknown				DR-TB ono-INH DR	Mono-RIF Other DR Not Done	
2	//	Positive	Negative		NTM Contaminated Not Done	∐⊓	ITB Complex egative nknown		DR-TB DND-INH DR	Mono-RIF Other DR Not Done	
3	//	Positive	Negative		NTM Contaminated Not Done	∐⊓	ITB Complex egative nknown		DR-TB pno-INH DR	Mono-RIF Other DR Not Done	
D. Evaluation Disposition											
D	1. Evaluation disposi	tion date:/_	/								
D2. Evaluation disposition: Initiated Evaluation / Not completed Did not initate evaluation If evaluation was completed, was treatment recommended? If evaluation was NOT completed, why not? Not Located Moved within U.S., transferred to: Yes No Lost to Follow-Up Moved outside U.S. LTBI Refused Evaluation Did Active TB Unknown Other, specify											
D3. Diagnosis Class 0 - No TB exposure, not infected Class 1 - TB exposure, no evidence of infection Class 2 - TB infection, no disease Class 3 - TB, TB disease Class 4 - TB, inactive disease Pulmonary											
D	If diagnosed with T	B disease, F	RVCT Reported		D5. RVCT #:				RVCT	# unknown	
Ε.	U.S. Treatment										
E1. U.S. treatment initiated: Yes No Unknown If NO, specify the reason:											
G.	Screen Site Informa	ation									
Provider's Name:											
Clinic Name:											
Telephone Number:											